

STATEMENT OF IDENTITY FOR CHILDREN UNDER 16 YEARS OF AGE

This Statement may be used only to meet the new Medicaid/BadgerCare/Family Planning Waiver Program proof of **identity** rule for children under 16 years of age. This statement may not be used to meet the Medicaid/BadgerCare/Family Planning Waiver Program proof of citizenship rule.

Instructions: In the space provided below, list all the children under age 16 in your household for whom you are a parent, guardian or caretaker relative. For each child you list, include the child's date of birth and place of birth (city, state and country). Complete, sign and return this statement to your worker.

Child's Full Name (First, MI, Last)	Date of Birth	Place of Birth (City, State, Country)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Personally identifiable information will be used only for the direct administration of the Medicaid program.

By signing this statement, I certify, under penalty of perjury and false swearing, that the information I have given is correct and complete to the best of my knowledge. I understand that the local agency may contact other persons or organizations, to confirm the accuracy of my statement.

SIGNATURE _____ Date Signed _____
(Parent, Guardian or Caretaker Relative)

Print Name _____ Case Number _____
(Parent, Guardian or Caretaker Relative)